

APPLICATION FORM

Under the <i>Freedom of Information Act 1982</i> , I wish to gain access document(s):	to the following
□ I have enclosed an Application Fee of \$31.80 which is a re process as outlined in Section 17(2A) of the Freedom of In	
□ I wish to apply for a waiver of the application fee due to Ha <i>S17(2B)</i> of the <i>Freedom of Information Act 198</i> 2	rdship. Refer to section
I acknowledge that additional charges will be applied in accord Freedom of Information Act 1982 and Freedom of Information Regulations 2014 prior to gaining access to any documents un	(Access Charges)
Name: Mr/Mrs/Miss/Ms/Other	
Address:	
Town: State:	
Telephone number: Business hours:	
After hours:	
Signature:	
Date:	
Mail to: Freedom of Information Officer Coliban Water PO Box 2770 Bendigo VIC 3554	
Or deliver in person to 37-45 Bridge Street, Bendigo Victoria 3550	
Or Email: <u>foi@coliban.com.au</u>	Office use only
	Application fee received:
	Receipt number: